CENTRAL MANAGEMENT SERVICES

AU REQUEST FORM TELECOMMUNICATIONS REVOLVING FUND

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

REQUEST TO (circle one)	ADD	CHANGE		DELETE
AGENCY & DIVISION				
AU NUMBER (billing account)				
DESCRIPTION (30 character maximum)				
INDICATE COMPANY (circle all that apply)	1	2	3	6
INVOICE MAILING ADDRESS (30 character maximum per line)				
	CITY		STATE	ZIP
FEDERAL EMPLOYEE ID NUMBER	** Non-State Agencies must provide FEIN **			
CONTACT NAME (print)				
CONTACT PHONE NUMBER		FAX		
E-MAIL ADDRESS				
DATE OF REQUEST				
FORWARD TO	CMS: BUSINESS SERVICES CRF BILLING HELP DESK 726 SOUTH COLLEGE SPRINGFIELD IL 62704-2524 FAX: (217) 557-6728			
COMMENTS				

TELECOMMUNICATION COORDINATOR'S SIGNATURE